

CITY OF MILWAUKEE
CITY SERVICE COMMISSION

RESIGNATION

DEPT. OF EMPLOYEE
RELATIONS
REPORT NO.**INSTRUCTIONS:**

- **EMPLOYEE** MUST SIGN THE COPY OF THIS FORM AND GIVE IT TO HIS IMMEDIATE SUPERVISOR.
- **SUPERVISOR** MUST TRANSMIT THE FORM FOR REPORTING OFFICER'S AND/OR APPROVING OFFICER'S SIGNATURES.

DEPARTMENT MUST DISTRIBUTE A COPY TO:
 THE CITY SERVICE COMMISSION
 THE ANNUITY AND PENSION BOARD
 THE ORIGINAL RETAINED BY THE DEPARTMENT
 THE EMPLOYEE

CHECK ONE: ☐ RESIGNATION FROM THIS TITLE ONLY ☐ RESIGNATION FROM CITY EMPLOYMENT

NAME		ADDRESS	
PENSION NO.	ID NO.	TITLE	
DEPARTMENT		BUREAU OR DIV	
PAYROLL LOCATION NUMBER	RESIGNATION TO TAKE EFFECT AT THE CLOSE OF BUSINESS ON		
IF EMPLOYEE WAS OFF PAYROLL BEFORE DATE OF RESIGNATION ENTER LAST DATE FOR WHICH PAY WAS RECEIVED		EXPLAIN DIFFERENCE BETWEEN LAST PAY DATE & RESIGNATION DATE BELOW	
(EXAMPLES: ON LEAVE OF ABSENCE SINCE – GIVE DATE; OWED TIME DEDUCTED – GIVE NUMBER OF HOURS, AWOL SINCE - GIVE DATE.)			
REASON FOR RESIGNATION			
EMPLOYEE SIGNATURE		DATE	
NOTE: DEPARTMENT MUST OBTAIN CITY OF MILWAUKEE IDENTIFICATION CARD FROM RESIGNING EMPLOYEE			
REPORTING OFFICER'S SIGNATURE		APPROVING OFFICER'S SIGNATURE	DATE
TITLE		TITLE	

REINSTATEMENT POLICY

Requests for reinstatement may be made to the City department from which the employee resigned. Approval of the request by that department is necessary in order to be placed on a reinstatement list. Reinstatement requests made after one year of resignation must also be approved by the City Service Commission. Under the City Service Commission rules, however, the Commission does not hear appeals if the request for reinstatement is denied or not recommended by the department.

